

*Virginia*  
**DOR**  
DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION

b. Mailing Address (PO Box accepted) \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

10. Type of business entity (select only one)

Sole Proprietorship ☐ Limited Partnership ☐ Limited Liability Company ☐  
General Partnership ☐ Association ☐ Corporation ☐

11. Applicants must **submit evidence** of a blanket fidelity bond or employee dishonesty insurance policy in accordance with § 54.1-2346(D) of the Code of Virginia. Proof of current bond or insurance policy must be submitted in order to obtain the license. Bond or insurance policy shall provide coverage in an amount equal to the lesser of \$2 million or the highest aggregate amount of the operating and reserve balances of all associations under the control of the common interest community manager during the prior fiscal year. The minimum coverage amount shall be \$10,000. The applicant certifies that the aggregate amount of the bond or insurance policy complies with the requirements of § 54.1-2346(D). Please note that in accordance with 18 VAC 48-50-30.D of the Board's regulations the insurance policy or bond must remain in force and effect through the expiration date on the license.

a. Check one: ☐ Blanket fidelity bond ☐ Employee dishonesty insurance policy

b. Bond/Policy Amount: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_

12. In accordance with 18 VAC 48-50-30 of the Common Interest Community Manager regulations, each applicant shall designate a **responsible person** who is an employee of the firm. Complete the following for the individual selected to be the responsible person for this firm. **Please note that the responsible person ensures compliance with Chapter 23.3 of Title 54.1 of the Code of Virginia and will be the point-of-contact for all mailings and correspondence from the Board or Department.**

a. Name \_\_\_\_\_

b. Social Security No. \*

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c. Street Address (PO Box not accepted) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

d. Mailing Address (PO Box accepted) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

13. The applicant has read, understands, and confirms that the applicant meets the requirements of § 54.1-2346(F).

Yes ☐

No ☐ **IF NO, THE APPLICATION CANNOT BE PROCESSED**

14. **OPTIONAL:**

Provide the name and registration number of all communities managed by the applicant. Please attach a separate sheet with the information below if additional space is needed.

Name of Common Interest Community \_\_\_\_\_

Registration Number of Community

*(The first 4 digits of the 10-digit number are provided)*

0550 \_\_\_\_\_

0550 \_\_\_\_\_

0550 \_\_\_\_\_

0550 \_\_\_\_\_

15. List the firm's principals below (sole proprietor, partners of a general partnership, general partner of a limited partnership, officers/directors of an association, managers (or members if no managers) of a limited liability company, or officers of a corporation). Attach a separate sheet with the information below if additional space is needed.

Individual's Full Legal Name	Principal Position	Address


16. Does your business have a current or expired common interest community manager license, certification or registration in another state or jurisdiction?

No ☐

Yes ☐ If yes, complete the following table.

Business Name	State/Jurisdiction	License, Certification or Registration No.	Expiration Date

17. Has your firm, responsible person, or any principals of the firm been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

18. A. Has your firm, responsible person, or any principals of the firm ever been convicted in any jurisdiction of **any felony**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No ☐

Yes ☐ If yes, please provide the information requested in #18.C.

- B. Has your firm, responsible person, or any principals of the firm ever been convicted in any jurisdiction of **any misdemeanor** within the last three years? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No ☐

Yes ☐ If yes, please provide the information requested in #18.C.

**Please read the following instructions carefully!**

- C. If you answered "yes" to either question #18.A. or #18.B., list the felony and/or misdemeanor conviction(s). Attach your original criminal history record and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

*Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents **must** obtain a complete criminal history record from the Virginia State Police. You may obtain a request form from the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Midlothian, Virginia 23261-7472 or by contacting your local State Police Division. *Certified copies of court records* may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.*

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19. During the past seven years, has the applicant, responsible person, or any principals of the firm had any outstanding/past-due debts or judgments; outstanding tax obligations; defaults on bonds; or pending or past bankruptcies?

No ☐

Yes ☐ **IF YES, THE APPLICANT MUST PROVIDE ALL RELEVANT INFORMATION RELATED TO THIS MATTER, AND SPECIFICALLY SHALL PROVIDE ALL RELEVANT FINANCIAL INFORMATION RELATED TO PROVIDING MANAGEMENT SERVICES AS DEFINED IN § 54.1-2345 OF THE CODE OF VIRGINIA. Failure to provide adequate documentation may result in a delay in the processing of your application.**

20. By signing this application, I hereby certify to the Board (i) that the applicant is in good standing and authorized to transact business in Virginia; (ii) that the applicant has established a code of conduct for the officers, directors, and persons employed by the applicant to protect against conflicts of interest; (iii) that the applicant provides all management services pursuant to written contracts with the associations to which such services are provided; (iv) that the applicant has established a system of internal accounting controls to manage the risk of fraud or illegal acts; and (v) that an independent certified public accountant reviews or audits the financial statements of the applicant at least annually in accordance with standards established by the American Institute of Certified Public Accountants or by any successor standard-setting authorities.
21. I certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if the firm, the responsible person, or any principals are subject to any disciplinary action; surrender a license in connection with a disciplinary action; fail to satisfy any judgments or restitution orders; or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to the receipt of the requested license. I certify that I am authorized to bind the applicant to contracts and other legal obligations. I also certify that I understand, and have complied with, all the laws of Virginia under the provisions of Title 54.1, Chapter 23.3 of the *Code of Virginia* and all regulations of the *Common Interest Community Board*.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Signatory

\_\_\_\_\_  
Title

### Annual Assessment Calculation Chart

1.	<b>Manager's gross receipts from common interest community management services during the preceding calendar year.</b> Supporting documentation must accompany this application. This may include copies of audits, tax returns, financial statements, or other documentation that provide the actual receipts collected related to management services during the preceding calendar year.	\$
2.	<b>0.02% of amount in Item 1 above.</b> Multiply amount in Item 1 by 0.0002	\$
3.	<b>If the amount in Item 2 is less than \$1,000, please insert amount in Line 2 on page 1.</b>	
4.	<b>If the amount in Item 2 is greater than \$1,000, please insert \$1,000 on page 1.</b>	

#### REQUIRED ATTACHMENTS:

- ❖ Copy of blanket fidelity bond form or employee dishonesty insurance policy coverage form.
- ❖ Copy of trade or fictitious name certificate, if applicable.
- ❖ Copy of documentation for affirmative responses to questions 14, 15, or 16 on this application.

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.